05101999-90121-049-$150.00-$150.00

999.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $150).

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 30 PM 4:45

DOCUMENT # P98000057865

1. Corporation Name
BHG LIMITED, INC.

Principal Place of Business
9360 SUNSET DRIVE STE 287
MIAMI FL 33373

Mailing Address
9360 SUNSET DRIVE STE 287
MIAMI FL 33373

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/26/1998

2. Principal Place of Business
21 9700 South Dixie HWY
22 Suite, Apt. #, etc. Ste 900
23 City & State Miami, Fl
24 Zip 33156
25 Country

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc. SAME
28 City & State
29 Zip
30 Country

4. FEI Number 65-0847715 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HOLLANDER, MARJ J
9360 SUNSET DRIVE STE 287
MIAMI FL 33373

10. Name and Address of New Registered Agent
81 Name MARK Hollander
82 Street Address (P.O. Box Number is Not Acceptable) 9700 South Dixie HWY Suite 900
83 /
84 City Miami FL 85 Zip Code 33156

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VASWANI, NIM	1.2 NAME	
STREET ADDRESS	907 GARNET CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VASWANI, ROBIN	2.2 NAME	
STREET ADDRESS	907 GARNET CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TARRANT, TOD	3.2 NAME	
STREET ADDRESS	229 N WASHINGTON	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. AD

SIGNATURE: SIGNATURE REQUIRED 9-15-99 305-070-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)